

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) 58600-8229.US00
Application Number      10/680,356	Filed      10/06/2003
For    SPATIALLY ENCODED AND MOBILE ARRAYS OF TETHERED PROTEINS	
Art Unit 1633      Confirmation No. 5651	Examiner      Popa, I.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
	<u>Fee</u> <u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120                      \$60                      \$ _____ 60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460                      \$230                      \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050                      \$525                      \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640                      \$820                      \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230                      \$1115                      \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-4616</u> .	
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
I am the	<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,390</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34      _____
_____ Signature	_____ July 14, 2008 Date
_____ Jacqueline F. Mahoney Typed or printed name	_____ 650 590-1939 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input checked="" type="checkbox"/> Total of <u>one</u> form is submitted.	